

Debtor 1 David William Ewing

First Name	Middle Name	Last Name

Debtor 2 \_\_\_\_\_

(Spouse, if filing) \_\_\_\_\_

First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-20028-GCT

(If known)

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Debtor 1 David William Ewing  
First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5212.92

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>38732.18</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0</u>
9d. Student loans. (Copy line 6f.)	\$ <u>104,432.47</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ <u>0</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>143,164.65</u>

Fill in this information to identify your case and this filing:

Debtor 1 David William Ewing  
First Name Middle Name Last Name  
Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Western District of Pennsylvania  
Case number 19-20028-GLT

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1. 377 East Main Street  
Street address, if available, or other description

Fredonia NY 14063  
City State ZIP Code

Chautauqua  
County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☒ Other Horse Farm

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** 9 acres house and rental

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \$ 300,000  
**Current value of the portion you own?** \$ 150,000

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

one half fee simple estate

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \$ \_\_\_\_\_  
**Current value of the portion you own?** \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

☐ Check if this is community property (see instructions)

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First Name Middle Name Last Name

1.3. \_\_\_\_\_  
 Street address, if available, or other description  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code  
 \_\_\_\_\_  
 County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. \_\_\_\_\_ →

\$ 150,000

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1. Make: Nissan  
 Model: Versa  
 Year: 2014  
 Approximate mileage: 70,000  
 Other information:  
 purchased in 2015 for \$11,000

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 6000  
 Current value of the portion you own? \$ 6000

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

☐ Check if this is community property (see instructions)

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3.3. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Approximate mileage: \_\_\_\_\_  
Other information:  
\_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Approximate mileage: \_\_\_\_\_  
Other information:  
\_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Other information:  
\_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Other information:  
\_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?** \_\_\_\_\_ **Current value of the portion you own?** \_\_\_\_\_

☐ Check if this is community property (see instructions)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .....

\$ 6,000

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David William Ewing

First Name

Middle Name

Last Name

Case number (if known) 19-20028-GLT

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... cell phone

\$ \_\_\_\_\_ 50

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... personal clothing

\$ \_\_\_\_\_ 500

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ \_\_\_\_\_ 550

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David William Ewing

First Name

Middle Name

Last Name

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**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes ..... Cash: ..... \$ 10**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes .....

Institution name:

17.1. Checking account:	<u>Citizens Bank</u>	\$ 500
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes .....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	0% %	\$ _____
_____	0% %	\$ _____
_____	0% %	\$ _____

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First Name

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**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$

\$

\$

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

\$

Pension plan:

\$

IRA:

\$

Retirement account:

\$

Keogh:

\$

Additional account:

\$

Additional account:

\$

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....

Institution name or individual:

Electric:

\$

Gas:

\$

Heating oil:

\$

Security deposit on rental unit:

\$

Prepaid rent:

\$

Telephone:

\$

Water:

\$

Rented furniture:

\$

Other:

\$

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\$

\$

\$

Debtor 1

David William Ewing

First Name

Middle Name

Last Name

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**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_  
\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_  
\$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_  
\$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

\_\_\_\_\_

Federal: \$ \_\_\_\_\_  
State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

Alimony: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Support: \$ \_\_\_\_\_  
Divorce settlement: \$ \_\_\_\_\_  
Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_  
\$ \_\_\_\_\_

Debtor 1

David William Ewing

First Name

Middle Name

Last Name

**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☒ No☐ Yes. Name the insurance company of each policy and list its value. ....

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .....

\$ 510

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No

☐ Yes. Describe .....

\$ \_\_\_\_\_

41. Inventory

☐ No

☐ Yes. Describe .....

\$ \_\_\_\_\_

42. Interests in partnerships or joint ventures

☐ No

☐ Yes. Describe .....

Name of entity:

% of ownership:

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations

☐ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe .....

\$ \_\_\_\_\_

44. Any business-related property you did not already list

☐ No

☐ Yes. Give specific information .....

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....

\$ 0

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No

☐ Yes .....

\$ \_\_\_\_\_

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**48. Crops—either growing or harvested**

☐ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☐ No

☐ Yes.....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

☐ No

☐ Yes.....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

☐ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

\$ 0

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** →

\$ 0

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 150,000

56. Part 2: Total vehicles, line 5 \$ 6,000

57. Part 3: Total personal and household items, line 15 \$ 550

58. Part 4: Total financial assets, line 36 \$ 510

59. Part 5: Total business-related property, line 45 \$ \_\_\_\_\_

60. Part 6: Total farm- and fishing-related property, line 52 \$ \_\_\_\_\_

61. Part 7: Total other property not listed, line 54 + \$ \_\_\_\_\_

62. Total personal property. Add lines 56 through 61. \$ 7,060 Copy personal property total → + \$ 7,060

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ 157,060

Fill in this information to identify your case:

Debtor 1	<u>David William Ewing</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Western District of Pennsylvania			
Case number (If known)	<u>19-20028-GLT</u>		

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>377 E. Main St.</u> Line from <i>Schedule A/B</i> : <u>1.1</u>	\$ <u>150,000</u>	<input checked="" type="checkbox"/> \$ <u>12,590</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>Nissan Versa</u> Line from <i>Schedule A/B</i> : <u>3.1</u>	\$ <u>6,000</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(2)
Brief description: <u>cell phone</u> Line from <i>Schedule A/B</i> : <u>7</u>	\$ <u>50</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
 First Name Middle Name Last Name

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: <u>personal clothing</u> Line from Schedule A/B: <u>11</u>	\$ <u>500</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: <u>cash</u> Line from Schedule A/B: <u>16</u>	\$ <u>10</u>	<input checked="" type="checkbox"/> \$ <u>10</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>checking account</u> Line from Schedule A/B: <u>17.1</u>	\$ <u>500</u>	<input checked="" type="checkbox"/> \$ <u>500</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 David William Ewing  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 Case number 19-20028-GLT  
 (If known)

☐ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	Community Bank, NA Creditor's Name 5790 Widewaters Parkway Number Street  De Witt NY 13214 City State ZIP Code  Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim:  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>08/26/2014</u>  Last 4 digits of account number <u>0 2 8 1</u>	\$ 241,153.92	\$ 300,000	\$
2.2	Regional Finance Corp Creditor's Name 1424 E. Fire Tower Road Number Street  Greenville NC 27858 City State ZIP Code  Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2011</u>	Describe the property that secures the claim: 2014 Nissan Versa  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____  Last 4 digits of account number _____	\$ 12000	\$ 6000	\$ 6000
Add the dollar value of your entries in Column A on this page. Write that number here:			\$ 253,153.92		

Debtor 1 **David William Ewing**  
First Name Middle Name Last Name

Case number (if known) **19-20028-GLT**

	<b>Additional Page</b>	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>	<i>Column C</i> <b>Unsecured portion</b> <small>If any</small>
<b>Part 1:</b>	<b>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</b>			
<b>2.3</b>	<b>New York State</b> Describe the property that secures the claim: <span style="border: 1px solid black; padding: 2px;">377 E. Main St., Fredonia, NY</span> <hr/> Creditor's Name: <b>Dept of Taxation</b> Number: _____ Street: _____ <b>WA Harriman Campus</b> <hr/> <b>Albany NY 14225</b> City: _____ State: _____ ZIP Code: _____ <hr/> <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred: _____ Last 4 digits of account number: <u>0</u> <u>0</u> <u>3</u> <u>3</u>	\$ <b>6,125.00</b>	\$ <b>300000</b>	
<b>2.4</b>	<b>Capital One Bank NA</b> Describe the property that secures the claim: <span style="border: 1px solid black; padding: 2px;">377 E. Main St., Fredonia, NY</span> <hr/> Creditor's Name: <b>800 Towers Crescent Drive</b> Number: _____ Street: _____ <b>16th Floor</b> <hr/> <b>Vienna VA 22182</b> City: _____ State: _____ ZIP Code: _____ <hr/> <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred: _____ Last 4 digits of account number: _____	\$ <b>1,649</b>	\$ <b>300000</b>	
<b>2.4</b>	<hr/> Describe the property that secures the claim: <span style="border: 1px solid black; padding: 2px;"></span> <hr/> Creditor's Name: _____ Number: _____ Street: _____ <hr/> City: _____ State: _____ ZIP Code: _____ <hr/> <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred: _____ Last 4 digits of account number: _____			
<b>Add the dollar value of your entries in Column A on this page. Write that number here:</b>		\$ <b>7,774.00</b>		
<b>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</b>		\$ <b>260,927.92</b>		

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
First Name Middle Name Last Name

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1	Jeremy M. Smith, Esquire <hr/> Name 540 Broadway <hr/> Number Street PO Box 22222 <hr/> Albany NY 12201 <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number <u>0 2 8 1</u>
	<hr/> Name <hr/> Number Street <hr/> <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	<hr/> Name <hr/> Number Street <hr/> <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	<hr/> Name <hr/> Number Street <hr/> <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number <u>0 2 8 1</u>
	<hr/> Name <hr/> Number Street <hr/> <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____
	<hr/> Name <hr/> Number Street <hr/> <hr/> <hr/> City State ZIP Code	On which line in Part 1 did you enter the creditor? _____ Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1 David William Ewing  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-20028-GLT  
 (If known)

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1			

2.1 Internal Revenue Service  
 Priority Creditor's Name  
 PO Box 7346  
 Number Street

Last 4 digits of account number 6 1 9 7 \$ 7000 \$ 7000 \$ 0

When was the debt incurred? 2015

Philadelphia PA 19101  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

## 2.2 Chatauqua County Dept of Finance

Priority Creditor's Name  
 Gerace Office Building  
 Number Street  
 3 North Erie Street

Last 4 digits of account number 2 2 4 9 \$ 31,732.18 \$ 31,732.18 \$ 0

When was the debt incurred? 2017-18

Mayville NY 14757  
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1

David William Ewing

Document

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Case number (if known) 19-20028-GLT

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>Alliance One Receivables</b> Nonpriority Creditor's Name 4850 E. Street RD Suite 300 Number Street Trevose PA 19053 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6 2 X X</u> When was the debt incurred? <u>06/04/2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>collection account</u>	\$ 319
4.2	<b>Assoc. Credit Services</b> Nonpriority Creditor's Name 115 Flanders RD Suite 140 Number Street Westborough MA 01581 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 4 X X</u> When was the debt incurred? <u>04/05/2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>collection account</u>	\$ 103
4.3	<b>Alliance One</b> Nonpriority Creditor's Name PO Box 3111 Number Street Southeastern PA 19398 City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0 6 8 3</u> When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Capital One Collection acct.</u>	\$ 475.19

Debtor 1 **David William Ewing**  
First Name Middle Name Last Name

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Case number (if known) 19-20028-GLT

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.4****Coast Professional, Inc.**

Nonpriority Creditor's Name

**PO Box 2899**

Number Street

**st Monroe****LA****71294**

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 2 9 3\$ 50,173.47

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_**4.5****Collecto/EOS CCA**

Nonpriority Creditor's Name

**300 Canal View Blvd. Suite 130**

Number Street

**ROchester****NY****14623**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 9 X X\$ 635When was the debt incurred? 01/02/18

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify collection account**4.6****Credit One Bank**

Nonpriority Creditor's Name

**PO Box 98875**

Number Street

**Las Vegas****NV****89193**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 761When was the debt incurred? 11/11/11

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	<p><b>Credence Resource Management LLC</b>  Nonpriority Creditor's Name  <b>PO Box 1740</b>  Number Street  <b>Southgate MI 48195</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 9 2 6</u> \$ <u>2,169.79</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Rural Metro ambulance svc.</u></p>
4.8	<p><b>EOS CCA</b>  Nonpriority Creditor's Name  <b>700 Longwater Drive</b>  Number Street  <b>Norwell MA 02061</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 3 X X</u> \$ <u>603</u></p> <p><b>When was the debt incurred?</b> <u>12/17</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>collection account</u></p>
4.9	<p><b>First Source Advantage LLC</b>  Nonpriority Creditor's Name  <b>PO Box 628</b>  Number Street  <b>Buffalo NY 14240</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5 2 1 9</u> \$ <u>346.95</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>collection account</u></p>

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0	<b>IC System, Inc.</b> Nonpriority Creditor's Name <b>PO Box 64378</b> Number Street <b>Saint Paul</b> <b>MN</b> <b>55164</b> City State ZIP Code	Last 4 digits of account number <u>8 9 X X</u> When was the debt incurred? <u>06/01/16</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of <b>NONPRIORITY</b> unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>collection</u>	\$ <u>420</u>
5.2	<b>JH Portfolio Debt Equity</b> Nonpriority Creditor's Name <b>5757 Phantom Drive, Suite 225</b> Number Street <b>Hazelwood</b> <b>MO</b> <b>63042</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of <b>NONPRIORITY</b> unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>collection</u>	\$ <u>10,348</u>
5.3	<b>Kay Jewelers</b> Nonpriority Creditor's Name <b>375 Ghent Road</b> Number Street <b>Fairlawn</b> <b>OH</b> <b>44333</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>07/04/08</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of <b>NONPRIORITY</b> unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>credit account</u>	\$ <u>8,432</u>

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.4	<p><b>Lending Club Corp</b>  Nonpriority Creditor's Name  <b>71 Stevenson Lane</b>  Number Street  <b>San Francisco</b> <b>CA</b> <b>94105</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$ <u>9,301</u></p> <p><b>When was the debt incurred?</b> <u>08/14/13</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>loan</u></p>
5.5	<p><b>Macys</b>  Nonpriority Creditor's Name  <b>PO Box 9201</b>  Number Street  <b>Mason</b> <b>OH</b> <b>45040</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 3 6 5</u> \$ <u>631</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>credit account</u></p>
5.6	<p><b>Linebarger Goggan Blair &amp; Sampson LLP</b>  Nonpriority Creditor's Name  <b>61 Broadway Suite 2600</b>  Number Street  <b>New York</b> <b>NY</b> <b>1000644333</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 1 8 7</u> \$ <u>385.55</u></p> <p><b>When was the debt incurred?</b> <u>07/04/08</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>tolls</u></p>

Debtor 1

David William Ewing

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.7

Linebarger Goggan Blair &amp; Sampson

Nonpriority Creditor's Name

61 Broadway, Suite 2600

Number Street

New York

NY

10006

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 3 1 3

\$ 99.26

When was the debt incurred? 05/17/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify tolls

5.8

Merrick Bank Group

Nonpriority Creditor's Name

PO Box 9201

Number Street

Old Bethage

NY

11804

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2137.00

When was the debt incurred? 01/13/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Credit Account

5.9

NorthStar Location Services, LLC

Nonpriority Creditor's Name

4285 Genesee Street

Number Street

Cheektowaga

NY

114225

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 2 2 0

\$ 772.15

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify collection account

Debtor 1 **David William Ewing**  
First Name Middle Name Last NameCase number (if known) **19-20028-GLT****Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**6.0****One Main Financial**

Nonpriority Creditor's Name

**PO Box 390905**Number Street  
**Minneapolis MN 55439**  
City State ZIP CodeLast 4 digits of account number **4 9 0 2**\$ **8,874.67**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify collection account

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**6.1****Midland Funding**

Nonpriority Creditor's Name

**2365 Northside Drive**Number Street  
**San Diego, CA 92108**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ **1,366.00**When was the debt incurred? **08/19/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify collection accounts

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**6.1****Portfolio Recovery Associates**

Nonpriority Creditor's Name

**120 Corporate Blvd. Ste 100**Number Street  
**Norfolk VA 23502**  
City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ **11,387.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify collection accounts

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**6.3** Prosper Marketplace Inc.  
 Nonpriority Creditor's Name  
 101 2nd St. Floor 15  
 Number Street  
 San Francisco CA 94105  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ \$ 6,632.00

When was the debt incurred? 08/06/2013

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit account

**6.4** SUNY FCU  
 Nonpriority Creditor's Name  
 716 Maytum Hall  
 Number Street  
 San Diego, CA 92108  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ \$ 497.00

When was the debt incurred? 04/27/2007

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify charge off

**6.5** Synchrony Bank/Care Credit  
 Nonpriority Creditor's Name  
 PO Box 965036  
 Number Street  
 Orlando FL 32896  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ \$ 1,180.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify charge off

Debtor 1

David William Ewing

Document

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Case number (if known) 19-20028-GLT

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.6

Synchrony Bank/JC Penney

Nonpriority Creditor's Name

PO Box 965007

Number

Street

Orlando

FL

32896

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 503

When was the debt incurred? 07/06/2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify charge off

6.7

Wells Fargo Bank Auto

Nonpriority Creditor's Name

PO Box 29704

Number

Street

Phoenix

AZ

85038

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 11237

When was the debt incurred? 04/09/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify auto loan charge off

Last 4 digits of account number \_\_\_\_\_

\$

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify tolls

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.6

**Synchrony Bank/JC Penney**

Nonpriority Creditor's Name

PO Box 965007

Number	Street		
Orlando		FL	32896
City		State	ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 503

When was the debt incurred? 07/06/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify charge off

6.7

**US Department of Education**

Nonpriority Creditor's Name

PO Box 60610

Number	Street		
Harrisburg		PA	17106
City		State	ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 54259

When was the debt incurred? 10/21/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

6.7

**Wells Fargo Bank Auto**

Nonpriority Creditor's Name

PO Box 29704

Number	Street		
Phoenix		AZ	5038
City		State	ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 11237

When was the debt incurred? 04/09/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1

David William Ewing

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Case number (if known) 19-20028-GLT

First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

US Department of Education

Name

61 Forsyth St. SW Suite 19740

Number Street

Atlanta

City

GA

State

30300

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 4 2 9 3

Vincent W. Horrigan

Name

3 North Erie St

Number Street

Mayville

City

NY

State

14757

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2 2 4 9

Barbara J. Widrig

Name

7 North Erie Street

Number Street

Mayville

City

NY

State

14757

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2 2 4 9

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_

Debtor 1

David William Ewing

Document

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Case Number (if known)

19-20028-GLT

First Name

Middle Name

Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

**Total claim****Total claims  
from Part 1**

6a. Domestic support obligations

6a. \$ \_\_\_\_\_

6b. Taxes and certain other debts you owe the government

6b. \$ 38,732.18

6c. Claims for death or personal injury while you were intoxicated

6c. \$ \_\_\_\_\_

6d. Other. Add all other priority unsecured claims.  
Write that amount here.

6d. + \$ \_\_\_\_\_

6e. Total. Add lines 6a through 6d.

6e. \$ 38,732.18

**Total claim****Total claims  
from Part 2**

6f. Student loans

6f. \$ 104,432.47

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ \_\_\_\_\_

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ \_\_\_\_\_

6i. Other. Add all other nonpriority unsecured claims.  
Write that amount here.

6i. + \$ 79,605.56

6j. Total. Add lines 6f through 6i.

6j. \$ 184,048.03

Fill in this information to identify your case:

Debtor David William Ewing  
First Name Middle Name Last Name  
Debtor 2  
(Spouse If filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Western District of Pennsylvania  
Case number 19-20028-GLT  
(If known)

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?  
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

2.2

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

2.3

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

2.4

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

2.5

Name \_\_\_\_\_  
Number Street \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 David William Ewing  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-20028-GLT  
(If known)

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 Richard Denea Executor of the Estate of Mark Denea  
Name  
25 North Chapel Street  
Number Street  
Gowanda NY 14070  
City State ZIP Code

☒ Schedule D, line 2.1

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.3 \_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_



Debtor 1 David William Ewing  
First Name Middle Name Last NameCase number (if known) 19-20028-GLT

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 3,512.92	\$
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 917.44	\$
5b. Mandatory contributions for retirement plans	5b. \$ 0	\$
5c. Voluntary contributions for retirement plans	5c. \$ 0	\$
5d. Required repayments of retirement fund loans	5d. \$ 0	\$
5e. Insurance	5e. \$ 0	\$
5f. Domestic support obligations	5f. \$ 0	\$
5g. Union dues	5g. \$ 0	\$
5h. Other deductions. Specify: <u>Pre-Tax Deductions</u>	5h. + \$ 95.28	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 1,012.69	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,500.23	\$
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1700	\$
8b. Interest and dividends	8b. \$ 0	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0	\$
8d. Unemployment compensation	8d. \$ 0	\$
8e. Social Security	8e. \$ 0	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0	\$
8g. Pension or retirement income	8g. \$ 0	\$
8h. Other monthly income. Specify: _____	8h. + \$ 0	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1700	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,200.23	\$
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$	0
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 4,200.23	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>I expect to maintain full time employment which will result in a \$500/month net increase</u>		

Fill in this information to identify your case:

Debtor 1 David William Ewing  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-20028-GLT  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1152.67

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1 David William Ewing  
First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>0</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>36</u>
6d. Other. Specify: _____	6d. \$ <u>0</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>400</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>120</u>
10. <b>Personal care products and services</b>	10. \$ <u>0</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>0</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>150</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0</u>
15b. Health insurance	15b. \$ <u>0</u>
15c. Vehicle insurance	15c. \$ <u>300</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>IRS</u>	16. \$ <u>100</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>300</u>
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ _____
19. <b>Other payments you make to support others who do not live with you.</b> Specify: <u>Alimony</u>	19. \$ <u>2200</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>1400</u>
20b. Real estate taxes	20b. \$ <u>900</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>300</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0</u>

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 7358.67

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 7358.67

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 4,200.23

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 7358.67

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ -3,158.44

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 David William Ewing  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-20028-GLT  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_, Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x David W Ewing  
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date 01/16/2019  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Debtor 1	<u>David William Ewing</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Pennsylvania			
Case number	<u>19-20028-GLT</u>		
(if known)			

page 1

Debtor 1 **David William Ewing**  
First Name Middle Name Last Name

Case number (if known) **19-20028-GLT**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 0	\$
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) <small>YYYY</small>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 42,155	\$
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) <small>YYYY</small>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 37,321	\$

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>		
	\$ 0	\$
	\$	\$
	\$	\$
<b>For last calendar year:</b> (January 1 to December 31, <u>2018</u> ) <small>YYYY</small>		
	\$	\$
	\$	\$
	\$	\$
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2017</u> ) <small>YYYY</small>		
	\$	\$
	\$	\$
	\$	\$

Debtor 1 David William Ewing  
First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<b>Regional Finance Corp</b> <small>Creditor's Name</small> <b>1424 E. Fire Tower Road</b> <small>Number Street</small>  <b>Greenville NC 27858</b> <small>City State ZIP Code</small>		\$ <u>600</u>	\$ <u>12000</u>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
 <small>Creditor's Name</small>  <small>Number Street</small>   <small>City State ZIP Code</small>		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
 <small>Creditor's Name</small>  <small>Number Street</small>   <small>City State ZIP Code</small>		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
 First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	
_____ Number Street _____ City State ZIP Code	_____	\$ _____	\$ _____	

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
First Name Middle Name Last Name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Community Bank, NA</u> <u>vs. David W. Ewing et al.</u> Case number <u>EK12017001192</u>	<u>Supreme Court of New York</u> <small>Court Name</small> <u>3 North Erie Street</u> <small>Number Street</small> <u>Mayville NY 14757</u> <small>City State ZIP Code</small>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ Case number _____	_____ <small>Court Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	\$ _____
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	\$ _____
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$
City State ZIP Code			
Last 4 digits of account number: XXXX- - - -			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities  
that total more than \$600

Describe what you contributed

Date you  
contributed

Value

Charity's Name

Number Street

City State ZIP Code

\$

\$

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and  
how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance  
claims on line 33 of Schedule A/B: Property.

Date of your  
loss

Value of property  
lost

\$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

P. William Bercik

Person Who Was Paid

210 Grant Street Suite 200

Number Street

Pittsburgh PA 15219

City State ZIP Code

pwilliambercik@cs.com

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

attorney fees and costs

Date payment or  
transfer was  
made

Amount of payment

11/30/18

\$ 600

01/03/19

\$ 735

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
 First Name Middle Name Last Name

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid  Number Street   City State ZIP Code  Email or website address  Person Who Made the Payment, if Not You		\$  \$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid  Number Street   City State ZIP Code		\$  \$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer  Number Street   City State ZIP Code Person's relationship to you		
Person Who Received Transfer  Number Street   City State ZIP Code Person's relationship to you		

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
First Name Middle Name Last Name

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
 Number Street  City State ZIP Code	XXXX-  	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	 	\$ 
 Number Street  City State ZIP Code	XXXX-  	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	 	\$ 

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
 Number Street  City State ZIP Code	 Name  Number Street  City State ZIP Code	  	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **David William Ewing** Case number (if known) **19-20028-GLT**  
First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Where is the property?		Describe the property	Value
Owner's Name			\$
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

Debtor 1 David William Ewing Case number (if known) 19-20028-GLT  
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City	State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN: _ _ - _ _ _ _ _
Number Street		
City State ZIP Code		
Name of accountant or bookkeeper	Dates business existed	
	From _ _ _ _ To _ _ _ _	
Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN: _ _ - _ _ _ _ _
Number Street		
City State ZIP Code		
Name of accountant or bookkeeper	Dates business existed	
	From _ _ _ _ To _ _ _ _	

First Name	Middle Name	Last Name
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Case number (if known) 19-20028-GLT

page 12

Fill in this information to identify your case:

Debtor 1 David William Ewing  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 19-20028-GLT  
 (If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

## Official Form 122A-1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ <u>3512.92</u>	\$ _____
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	\$ _____ 0	\$ _____
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____ 0	\$ _____
5. <b>Net income from operating a business, profession, or farm</b>	Debtor 1 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ - \$ _____ Net monthly income from a business, profession, or farm \$ <u>0</u>	Debtor 2 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ - \$ _____ Net monthly income from a business, profession, or farm \$ _____
6. <b>Net income from rental and other real property</b>	Debtor 1 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ - \$ _____ Net monthly income from rental or other real property \$ <u>1700</u>	Debtor 2 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses - \$ _____ - \$ _____ Net monthly income from rental or other real property \$ _____
7. <b>Interest, dividends, and royalties</b>	\$ _____ 0	\$ _____

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you ..... \$

For your spouse ..... \$

\$ 0

\$

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0

\$

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

.....

\$ 0

\$

.....

\$

\$

Total amounts from separate pages, if any.

+ \$

+ \$

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 5212.92

+

\$

=

\$ 5212.92

Total current  
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here → \$ 5212.92

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ 62555.04

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

PA

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household. 13. \$ 53803

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

Date 01/16/2019  
MM / DD / YYYY

x

Signature of Debtor 2

Date  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 David William Ewing  
First Name Middle Name Last Name  
Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Western District of Pennsylvania  
Case number 19-20028-GLT  
(If known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.  
☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A-2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here → \$ 5212.92

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☒ No. Fill in \$0 for the total on line 3.  
☐ Yes. Is your spouse filing with you?  
☐ No. Go to line 3.  
☐ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☐ No. Fill in 0 for the total on line 3.  
☐ Yes. Fill in the information below:

State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total.....	\$ 0

Copy total here → - \$ 0

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$ 5212.92

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**Part 2: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 647

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

- 7a. Out-of-pocket health care allowance per person

\$ 52

- 7b. Number of people who are under 65

X 1

- 7c. **Subtotal.** Multiply line 7a by line 7b.

\$ 52

Copy here →

\$ 52

**People who are 65 years of age or older**

- 7d. Out-of-pocket health care allowance per person

\$

- 7e. Number of people who are 65 or older

X

- 7f. **Subtotal.** Multiply line 7d by line 7e.

\$

Copy here →

+ \$

- 7g. **Total.** Add lines 7c and 7f.....

\$ 52

Copy total here →

\$ 52

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 502

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 843

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor

Average monthly payment

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ + \$ \_\_\_\_\_

Total average monthly payment

\$ 0

Copy here →

-\$ 0

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$ 843

Copy here →

\$ 843

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ \_\_\_\_\_

Explain why:

\_\_\_\_\_

\_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☒ 1. Go to line 12.
- ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 178

First Name	Middle Name	Last Name
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Case number (if known) 19-20028-GLT

Vehicle 1 Describe Vehicle 1: 2014 Nissan Versa

\$ 197

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 917.44  
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 95.28  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ \_\_\_\_\_
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 2300  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ \_\_\_\_\_
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ \_\_\_\_\_  
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ \_\_\_\_\_  
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 36  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 5767.69  
Add lines 6 through 23.

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

*Note:* Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Health savings account + \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Copy total here → ..... \$ \_\_\_\_\_

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? \$ \_\_\_\_\_
- ☐ Yes

- 26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ \_\_\_\_\_

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ \_\_\_\_\_

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

\$ \_\_\_\_\_

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ \_\_\_\_\_

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ \_\_\_\_\_

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

+ \$ \_\_\_\_\_

- 32. Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ \_\_\_\_\_

Debtor 1

David William Ewing

First Name

Middle Name

Last Name

Case number (if known) 19-20028-GLT

### Deductions for Debt Payment

**33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home:**

33a. Copy line 9b here ..... → Average monthly payment \$ 0

**Loans on your first two vehicles:**

33b. Copy line 13b here ..... → \$ 300

33c. Copy line 13e here ..... → \$

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
Community Bank NA	377 East Main St	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$ 3450
New York State	377 East Main St	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 102.08
Capital One	477 East Main St	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	+ \$ 27.48

33e. Total average monthly payment. Add lines 33a through 33d. .... \$ 3879.56 Copy total here → \$ 3879.56

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☒ No. Go to line 35.  
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
		\$ + 60 =	\$
		\$ + 60 =	\$
		\$ + 60 =	+ \$
Total			\$ Copy total here → \$

**35. Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

- ☐ No. Go to line 36.  
☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ 38732.18 ÷ 60 = \$ 628.87

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

**36. Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.☐ No. Go to line 37.☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13

\$ 4508.43

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

x 4.4

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$ 198.37

Copy total  
here →

\$ 198.37

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36. ....

\$ 4706.80

**Total Deductions from Income****38. Add all of the allowed deductions.**Copy line 24, All of the expenses allowed under IRS  
expense allowances .....

\$ 5767.69

Copy line 32, All of the additional expense deductions .....

\$ 0

Copy line 37, All of the deductions for debt payment .....

+ \$ 4706.8

Total deductions

\$ 10474.49

Copy total here ..... →

\$ 10474.49

**Part 3: Determine Whether There Is a Presumption of Abuse****39. Calculate monthly disposable income for 60 months**

39a. Copy line 4, adjusted current monthly income .....

\$ 5212.92

39b. Copy line 38, Total deductions .....

- \$ 10474.49

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  
Subtract line 39b from line 39a.

\$ -5261.57

Copy  
here →

\$ -5261.57

For the next 60 months (5 years) .....

x 60

39d. Total. Multiply line 39c by 60 .....

\$ 315694.20

Copy  
here →

\$ 315694.20

**40. Find out whether there is a presumption of abuse.** Check the box that applies:☒ The line 39d is less than \$7,700\*. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.☐ The line 39d is more than \$12,850\*. On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.☐ The line 39d is at least \$7,700\*, but not more than \$12,850\*. Go to line 41.

\* Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

\$ \_\_\_\_\_

x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).

Multiply line 41a by 0.25.....

\$ \_\_\_\_\_

Copy  
here →

\$ \_\_\_\_\_

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

#### Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

☐ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

Average monthly expense  
or income adjustment

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

#### Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

X

Signature of Debtor 2

Date 01/16/2019  
MM/DD/YYYYDate \_\_\_\_\_  
MM/DD/YYYY



# University of Pittsburgh PHR Employee Self-Service



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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▾

Select a Pay Statement: 31-DEC-2018 - \$4,012.54 ▾

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	12/31/2018	\$4,012.54	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$5,934.50	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
Salary	157.5	5934.50	Retirement Pre Tax	178.04	178.04
6 Wk Session Pay		0.00	Panther Gold	76.00	906.00
			Dental	19.83	237.96
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
			Invol Refund	0.00	-3359.74
			Tax Levy	0.00	3359.74
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	839.13	5275.41	Gold ER	452.00	5370.00
FICA	362.00	2542.71	SS	362.00	2542.71
SIT - PA	179.25	1259.06	Retirement Pre Tax ER	178.04	178.04
PITTSBURGH Sch	116.77	820.20	Medicare	84.66	594.67
Medicare	84.66	594.67	Long Term Disability	18.10	72.40
Pittsburgh City	58.39	410.14	Basic Life	10.75	43.00
Pittsburgh Occ	4.33	43.30	Basic ADD	0.75	3.00
SUI - PA	3.56	25.29			
Summary					
Description	Current	Year to Date			
Earnings	5934.50	42155.40			
Pre-Tax Deductions	273.87	1322.00			
Tax Information	1648.09	10970.78			
After-Tax Deductions	0.00	0.00			
Deposit Amount	4012.54	29862.62			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
CITIZENS BANK	036076150	*****7256	Checking	\$4,012.54	

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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 30-NOV-2018 - \$4,150.12 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	11/30/2018	\$4,150.12	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$5,934.50	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
Salary	165.0	5934.50	Panther Gold	78.00	830.00
6 Wk Session Pay		0.00	Dental	19.83	218.13
Year to Date			Year to Date		
30220.90			830.00		
6000.00			218.13		
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
			Invol Refund	0.00	-3359.74
			Tax Levy	0.00	3359.74
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	877.86	4436.28	Gold ER	470.00	4918.00
FICA	361.87	2180.71	SS	361.87	2180.71
SIT - PA	179.19	1079.81	Medicare	84.64	510.01
PITTSBURGH Sch	116.73	703.43	Long Term Disability	18.10	54.30
Medicare	84.64	510.01	Basic Life	10.75	32.25
Pittsburgh City	58.37	351.75	Basic ADD	0.75	2.25
Pittsburgh Occ	4.33	38.97			
SUI - PA	3.56	21.73			
Summary					
Description	Current	Year to Date			
Earnings	5934.50	36220.90			
Pre-Tax Deductions	97.83	1048.13			
Tax Information	1686.55	9322.69			
After-Tax Deductions	0.00	0.00			
Deposit Amount	4150.12	25850.08			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
CITIZENS BANK	036076150	*****7256	Checking	\$4,150.12	

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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 31-OCT-2018 - \$3,359.74 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	10/31/2018	\$3,359.74	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$5,934.50	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
Salary		0.00	Panther Gold	0.00	752.00
6 Wk Session Pay		0.00	Dental	0.00	198.30
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
			Invol Refund	-3359.74	-3359.74
			Tax Levy	0.00	3359.74
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	0.00	3558.42	Gold ER	0.00	4448.00
FICA	0.00	1818.84	SS	0.00	1818.84
SIT - PA	0.00	900.62	Medicare	0.00	425.37
PITTSBURGH Sch	0.00	586.70	Long Term Disability	0.00	36.20
Medicare	0.00	425.37	Basic Life	0.00	21.50
Pittsburgh City	0.00	293.38	Basic ADD	0.00	1.50
Pittsburgh Occ	0.00	34.64			
SUI - PA	0.00	18.17			
Summary					
Description	Current	Year to Date			
Earnings	0.00	30286.40			
Pre-Tax Deductions	0.00	950.30			
Tax Information	0.00	7636.14			
After-Tax Deductions	-3359.74	0.00			
Deposit Amount	3359.74	21699.96			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
CITIZENS BANK	036076150	*****7256	Checking	\$3,359.74	

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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 31-OCT-2018 - \$791.67 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	10/31/2018	\$791.67	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$5,934.50	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
Salary	172.5	5934.50	Panther Gold	76.00	752.00
6 Wk Session Pay		0.00	Dental	19.83	198.30
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
			Tax Levy	3359.74	3359.74
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	878.30	3558.42	Gold ER	452.00	4448.00
FICA	362.00	1818.84	SS	362.00	1818.84
SIT - PA	179.25	900.62	Medicare	84.66	425.37
PITTSBURGH Sch	116.77	586.70	Long Term Disability	18.10	36.20
Medicare	84.66	425.37	Basic Life	10.75	21.50
Pittsburgh City	58.39	293.38	Basic ADD	0.75	1.50
Pittsburgh Occ	4.33	34.64			
SUI - PA	3.56	18.17			
Summary					
Description	Current	Year to Date			
Earnings	5934.50	30286.40			
Pre-Tax Deductions	95.83	950.30			
Tax Information	1687.26	7636.14			
After-Tax Deductions	3359.74	3359.74			
Deposit Amount	791.67	18340.22			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
CITIZENS BANK	036076150	*****7256	Checking	\$791.67	

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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 28-SEP-2018 - \$4,151.41 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	09/28/2018	\$4,151.41	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$5,934.50	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
Salary	150.0	5934.50	Panther Gold	76.00	676.00
6 Wk Session Pay		0.00	Dental	19.83	178.47
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	878.30	2680.12	Gold ER	452.00	3996.00
FICA	362.00	1456.84	SS	362.00	1456.84
SIT - PA	179.25	721.37	Medicare	84.66	340.71
PITTSBURGH Sch	116.77	469.93	Long Term Disability	18.10	18.10
Medicare	84.66	340.71	Basic Life	10.75	10.75
Pittsburgh City	58.39	234.99	Basic ADD	0.75	0.75
Pittsburgh Occ	4.33	30.31			
SUI - PA	3.56	14.61			
Summary					
Description	Current	Year to Date			
Earnings	5934.50	24351.90			
Pre-Tax Deductions	95.83	854.47			
Tax Information	1687.26	5948.88			
After-Tax Deductions	0.00	0.00			
Deposit Amount	4151.41	17548.55			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
CITIZENS BANK	036076150	*****7256	Checking	\$4,151.41	

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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 31-JUL-2018 - \$2,275.14 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	07/31/2018	\$2,275.14	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$0.00	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
6 Wk Session Pay		3000.00	Panther Gold	0.00	600.00
Salary		0.00	Dental	0.00	158.64
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	307.13	1801.82	SS	186.00	1094.84
FICA	186.00	1094.84	Medicare	43.50	256.05
SIT - PA	92.10	542.12	Gold ER	0.00	3544.00
PITTSBURGH Sch	60.00	353.16			
Medicare	43.50	256.05			
Pittsburgh City	30.00	176.60			
Pittsburgh Occ	4.33	25.98			
SUI - PA	1.80	11.05			
Summary					
Description	Current	Year to Date			
Earnings	3000.00	18417.40			
Pre-Tax Deductions	0.00	758.64			
Tax Information	724.86	4261.62			
After-Tax Deductions	0.00	0.00			
Deposit Amount	2275.14	13397.14			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
KEYBANK	041001039	*****2537	Checking	\$2,275.14	

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at <http://payroll.pitt.edu>. Contact your supervisor if you discover any pay discrepancies.

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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 29-JUN-2018 - \$2,275.14 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount	
Ewing, David William	XXX-XX-6197	177993	06/29/2018	\$2,275.14	
Address: 4323 Ludwick Street, Pittsburgh, PA 15217					
Tax Filing Status	Federal Allowances		Additional FIT Amount	Base Salary	
Single	0		\$0.00	\$0.00	
Earnings			Pre-Tax Deductions		
Description	Hours	Amount	Description	Amount	Year to Date
6 Wk Session Pay		3000.00	Panther Gold	0.00	600.00
Salary		0.00	Dental	0.00	158.64
Taxable Fringe Benefits			After-Tax Deductions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Tax Information			University Contributions		
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	307.13	1494.69	SS	186.00	908.84
FICA	186.00	908.84	Medicare	43.50	212.55
SIT - PA	92.10	450.02	Gold ER	0.00	3544.00
PITTSBURGH Sch	60.00	293.16			
Medicare	43.50	212.55			
Pittsburgh City	30.00	146.60			
Pittsburgh Occ	4.33	21.65			
SUI - PA	1.80	9.25			
Summary					
Description	Current	Year to Date			
Earnings	3000.00	15417.40			
Pre-Tax Deductions	0.00	758.64			
Tax Information	724.86	3536.76			
After-Tax Deductions	0.00	0.00			
Deposit Amount	2275.14	11122.00			
Message					
Deposit Information					
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount	
KEYBANK	041001039	*****2537	Checking	\$2,275.14	

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at <http://payroll.pitt.edu>.  
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## Pay Statement

### Pay Statement Selection

Select a Year: 2018 ▼

Select a Pay Statement: 30-APR-2018 - \$2,211.72 ▼

Name	SSN	Emp #	Deposit Date	Deposit Amount		
Ewing, David William	XXX-XX-6197	177993	04/30/2018	\$2,211.72		
Address: 4323 Ludwick Street, Pittsburgh, PA 15217						
Tax Filing Status	Federal Allowances	Additional FIT Amount		Base Salary		
Single	0	\$0.00		\$3,104.35		
Earnings			Pre-Tax Deductions			
Description	Hours	Amount	Year to Date	Description	Amount	Year to Date
Salary	157.5	3104.35	12417.40	Panther Gold	150.00	600.00
				Dental	39.66	158.64
Taxable Fringe Benefits			After-Tax Deductions			
Description	Amount	Year to Date	Description	Amount	Year to Date	
Tax Information			University Contributions			
Description	Amount	Year to Date	Description	Amount	Year to Date	
Federal Inc Tax	296.89	1187.56	Gold ER	886.00	3544.00	
FICA	180.71	722.84	SS	180.71	722.84	
SIT - PA	89.48	357.92	Medicare	42.26	169.05	
PITTSBURGH Sch	58.29	233.16				
Medicare	42.26	169.05				
Pittsburgh City	29.15	116.60				
Pittsburgh Occ	4.33	17.32				
SUI - PA	1.86	7.45				
Summary						
Description	Current	Year to Date				
Earnings	3104.35	12417.40				
Pre-Tax Deductions	189.66	758.64				
Tax Information	702.97	2811.90				
After-Tax Deductions	0.00	0.00				
Deposit Amount	2211.72	8846.86				
Message						
Updates to the federal income tax withholding tables for 2018 are now in effect for all employees. We have posted additional information regarding these changes on our website at: <a href="https://payroll.pitt.edu/2018-tax-reform-regulations/">https://payroll.pitt.edu/2018-tax-reform-regulations/</a>						
Deposit Information						
Financial Institution	Transit Code	Account Number	Account Type	Deposit Amount		
KEYBANK	041001039	*****2537	Checking	\$2,211.72		

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at <http://payroll.pitt.edu>. Contact your supervisor if you discover any pay discrepancies.

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B2030 (Form 2030) (12/15)

## United States Bankruptcy Court

Western District Of Pennsylvania

In re David William Ewing,

Case No. 19-20028-JLT

Debtor

Chapter 7

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 1,000.00

Prior to the filing of this statement I have received ..... \$ 1,000.00

Balance Due ..... \$ 0

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

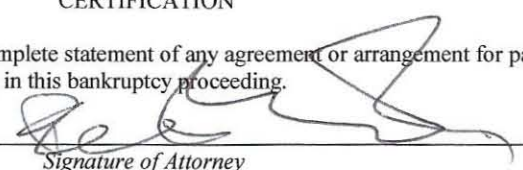
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Fee does not include the court filing fee.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/16/19  
Date

  
Signature of Attorney

Law Offices of P. William Bercik

Name of law firm